

# MIHMS Provider Forum No. 12



December 3, 2009



# Today's Agenda

- Project Update
- Cutover Strategy
- Provider Maintenance
- Billing Instructions
- Provider Training Schedule
- Question and Answer Session

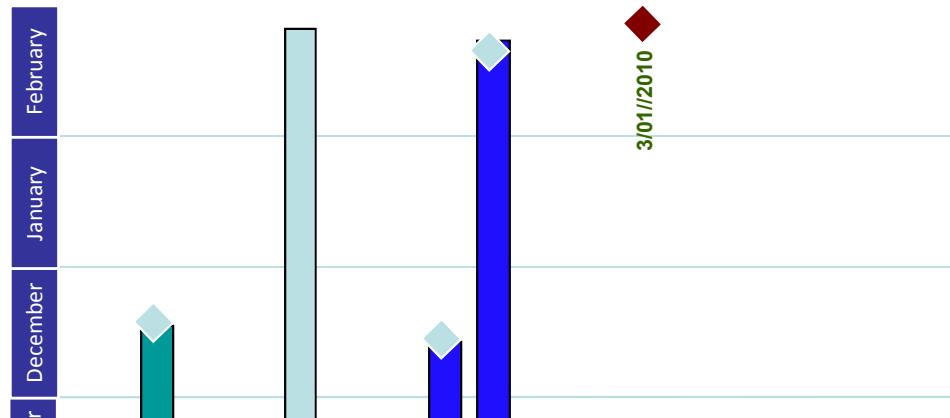


# Project Update

# Schedule



## Phase IA Go-Live



## PHASE 1 (Re-enrollment)

- Phase 1 System Implementation
- Phase 1 Provider Re-enrollment

## PHASE 2 (MIHMS)

- Detailed System Design
- Development
- System Integration Testing
- User Acceptance Testing
- Local Codes
- Data Hub

Milestones

# Project Update



## Recent Accomplishments

- ✓ Local Codes Crosswalks Available
- ✓ Companion Guides Available
- ✓ Phase 2 DSD Approved
- ✓ Run Out Strategy Approved
- ✓ System Integration Testing Started
- ✓ Phase 2 Provider Training Schedule Finalized

## Next Steps

- ✓ Billing Instructions
- ✓ EDI Testing
- ✓ Phase 2 Training
- ✓ Pilot Testing

# Re-enrollment Statistics



## **As of 12/02/2009, 3418 cumulative in portal**

- ✓ 385 remain in portal to be completed or re-submitted
- ✓ 2122 in workflow
  - 1713 State work queues
  - 321 Provider agreement holding
  - 88 Unisys Review Queue
- ✓ 952 Completed enrollments and letters generated



## Phase 1, Provider Re-enrollment

**All providers need to re-enroll by December 23, 2009 to:**

- ✓ Get paid in MIHMS first financial cycle.
- ✓ Allow time for application processing, approval and issuance of vendor IDs by AdvantageME
- ✓ Allow time for the processing of PAs by 2/1/2009 for Dates of Service 3/1/10 forward.



# Enrolling Rendering Providers

**If you receive this message when enrolling a rendering provider “currently in process by another user”:**

- ✓ Do not hold on to your application, continue adding rendering providers that you are able to add.
- ✓ Submit enrollment application with as many rendering providers as you can re-enroll.
- ✓ Complete “Rendering Provider In Process Spreadsheet” available at <https://mainecare.maine.gov> and clicking on “special enrollment tools” under Documents.
- ✓ Follow the directions listed in the spreadsheet to complete your enrollment application.

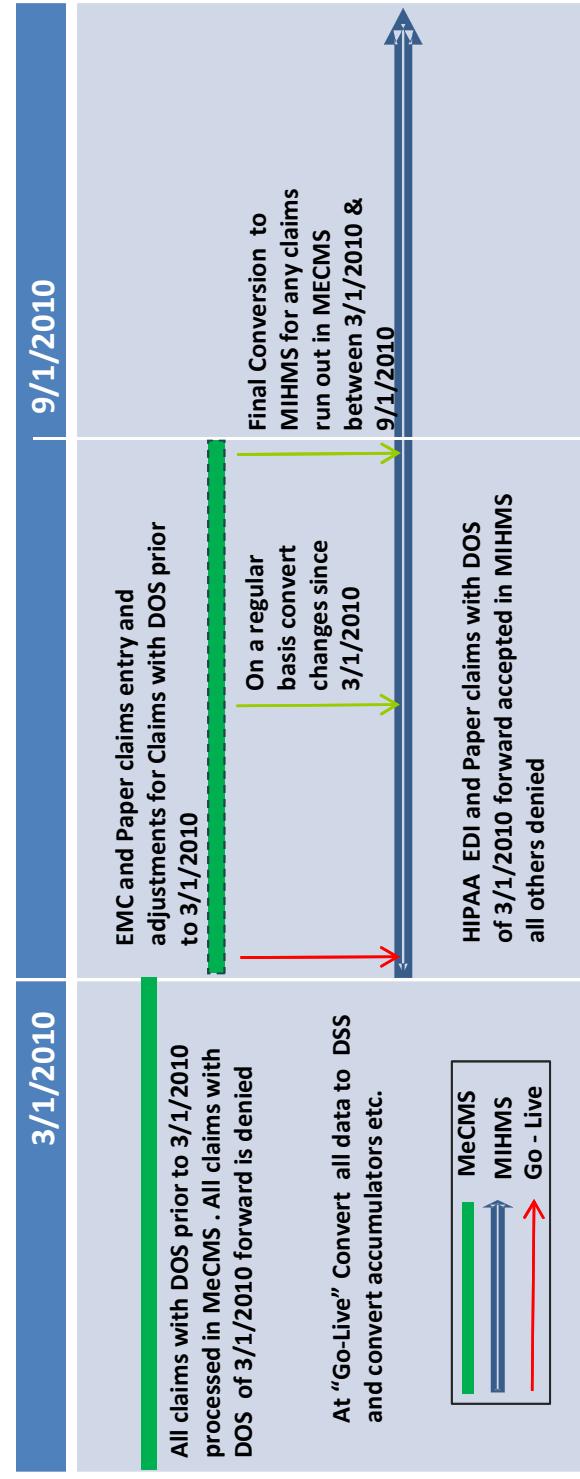


# Go-Live Strategy (Cutover)

# Proposed Approach: Date of Service Cutover



- 1** Maintain core MaineCare Services claim operation and process run-out and adjustment claims with **dates of service from 1/1/2005 through 2/28/2010 in MECMS** until claims run-out is complete (est. six mos)
- 2** Convert selected data to MIHMS (e.g., limits, accumulators)
- 3** Process claims and adjustments with **dates of service from 3/1/2010 forward in MIHMS**
- 4** Populate data needed to support reporting and analysis in DSS



# Implications: Fiscal Agent Project



## Fiscal Agent Implementation Project

Advantages	Considerations / Next Steps
<ul style="list-style-type: none"><li>▪ Keeps new system "clean;" past issues and problems will not be transferred into MIHMS</li><li>▪ Creates clear demarcation for CMS certification and HIPAA compliance</li><li>▪ Discontinues need to configure previous versions of policy, coding, business rules, etc.</li><li>▪ Reduces the scope of potential issues and research to investigate issues when MIHMS goes live</li><li>▪ Eliminates claims billing "black-out" period prior to go-live</li><li>▪ Provides gradual ramp-up of claims inventory in MIHMS</li><li>▪ Obtained CMS approval to support dual operations</li></ul>	<ul style="list-style-type: none"><li>▪ Assess impact of supporting dual operations – staffing, interfaces with other systems both internal and external (complete)</li><li>▪ Will increase complexity of communications to providers and other stakeholders</li><li>▪ Requires providers to bill differently based on dates of service</li></ul>

# Cutover Strategy



- ✓ Claims with service dates through 2/28/2010 should be using current day billing instructions and submit to MeCMS
- ✓ Claims with service date 3/1/2010 and forward should be prepared with new billing instructions and submit to MIHMS
- ✓ Following re-enrollment for MIHMS and until MeCMS closes, providers will need to submit any provider file changes to both MeCMS and MIHMS
- ✓ Providers will receive multiple RAs and payments (MeCMS, MePOPS and MIHMS)

# Cutover Strategy



## Hospital Crossovers:

- ✓ Claims with service dates that start 2/28/2010 and prior will continue to be processed with the BNN workaround
- ✓ Claims with service dates that start 3/1/2010 and forward will be processed in MIHMS

## Non-Hospital Crossovers:

- ✓ Claims with services dates that start and end prior to 2/28/2010 should be billed with the current work around for MeCMS.
- ✓ Claims with services dates that start 2/28/2010 and prior and end 3/1/2010 and after should be “split”: MeCMS should be billed via the current work around with end date 2/28/2010
  - MIHMS should be billed on paper using billing consistent with Medicare on paper with Medicare COB attached

# Cutover Strategy



## **Other Claims :**

- ✓ Claims with service dates that start and end 2/28/2010 and prior should be billed to MeCMS
- ✓ Claims that cross the cutover period should be “split”
- ✓ Claims with service dates that start 3/1/2010 and forward will be processed in MIHMS
- ✓ Claims with service dates 2/28/2010 and prior, but received after the run out period (9/1/2010) will go through a manual process.

## **Variances between MeCMS and MIHMS:**

- ✓ File format
- ✓ Local Codes to HIPAA compliant codes
- ✓ RUG reimbursement methodology
- ✓ Monthly Billing for claims subject to Cost of Care



# Provider Maintenance

# Provider Maintenance



- ✓ Provider Maintenance feature
  - Is now available
  - Pulls back the information entered during enrollment and allows for editing of this information
- ✓ Providers, with appropriate security, will be able to
  - View their provider data and submit changes, such as telephone number, adding new service location, etc.
  - Some updates will allow minimal DHHS intervention
  - Other changes will be validated by DHHS staff
- ✓ Requirements
  - Step 1: Must have already submitted an enrollment or re-enrollment application and have been *approved* as a MaineCare provider then...
  - Step 2: Have registered as a trading partner

# Provider Maintenance Menu Choices



## ✓ Login

- Trading Partner user name and password

## Powered by UNISYS

The logo for MaineCare Services, which is part of the Department of Health and Human Services. It features a photograph of several people walking along a sandy beach. The text "MaineCare Services" is at the top, followed by a horizontal line, and "An Office of the Department of Health and Human Services" below it. At the bottom, there are two buttons: "Home" and "Secure Home".

## ✓ Secure Home

- Provider Maintenance – **Demographic**
- Provider Maintenance – **Full'**

A screenshot of the MaineCare Services navigation menu. It has a teal header with the UNISYS logo and the text "Powered by UNISYS". Below this is a white navigation bar with the "MaineCare Services" logo and the text "An Office of the Department of Health and Human Services". The main menu items are: "Home" and "Secure Home". To the right is a vertical sidebar with the following options:

- + Account Maintenance
- + File Exchange
- + Form Entry
- **Provider Maintenance**
  - Provider Maintenance - Full
  - Provider Maintenance - Demographic
- + Reference
- + Contact Us



# Demographic versus Full Maintenance

## **Provider Maintenance - Demographic**

- ✓ Contact name, telephone number or email address
- ✓ Service location address, office hours, patient restrictions and languages spoken
- ✓ Rendering provider address, phone number, email address
- ✓ Change to whether a service location or rendering provider is accepting new patients or not.

## **Provider Maintenance - Full** is used for changes like:

- ✓ Adding or removing an Owner or Board Member
- ✓ Change response about an Owner/Board Member
- ✓ Adding or removing a Service Location or Rendering Provider
- ✓ Adding or deleting a Service Location or Rendering Provider specialty
- ✓ Updating license or certification information

# Provider Maintenance Credentials



Maintenance

- ✓ Email
- Address used  
in Enrollment
- ✓ Pay to NPI
- ✓ Tax ID Type
- ✓ Tax ID  
Number

*Welcome to Maine Online Enrollment*  
*Please review the User Guides for complete instructions.*

*For assistance with the enrollment process, contact a Provider Representative at 1.800.321.5557  
Option 6.*

Email Address \*

Pay-To National Provider Identification # (NPI) \*

Tax ID Type \* **Please Select a Tax ID Type**

FEIN \*      Retype FEIN \*

Start Maintenance

.....

# Business Information-Demographic



- ✓ Fields that are grayed out cannot be updated
  - These fields may require updating through the Provider Maintenance – Full option.
- ✓ Click Next to move to the next screen, or select the screen requiring updates from the left navigation pane
- ✓ DO NOT USE THE BROWSER BUTTONS

Maine Provider Enrollment

Business Information (Jockey Daniel)      Enumerated As: Type 2 - Organization operating as a Group or Facility / Agency)      Enrollment Case #: 12959151998      Status: ENROLLED       Edit this Screen      Increase Text Size

Pay-To Provider(s): NPI 12959151998

TAX ID TYPE  
Your FEIN is displayed but cannot be changed. You may add your SSN to this application if you wish.

Name  
The name shown, Jockey Daniel, was either extracted from our records or the CMS. This name must match the name on your W-9.

Please check if you need to update the name  
\* You must supply Organization Name. You may supply Last Name and First Name. Organization Name: Jockey Daniel  
Or:  
Last Name:      First Name:

Office Contact

Contact Name: David Tessy  
Title:   
Email:  ramnagu@gmail.com  
Retype Email:  ramnagu@gmail.com

An email will be sent to this address containing your Enrollment Case Number. You can use this number to verify the number as it is a security check when updating or modifying your Enrollment Application.

Primary Phone:  6665558888  
Secondary Phone:   
Emergency Phone:   
Mobile Phone:   
Fax:

Next      Save and Close      Delete

# Navigation Demographic Data



- ✓ Most fields on this screen are not grayed out and will be updated immediately upon submission without validation

Maine Provider Enrollment

Service Location (Jockey Daniel / GAT-GRP)

Physical Address

Set same as Pay-To Address

Address 1 \* 30 Dexter Dr  
Address 2  
ZIP/Postal Code \* 04329  
City \* DETROIT  
County \* SOMERSET  
State/Province \* Maine  
Country \* United States

The following information is requested for the Provider Directory. If you are a PCCM provider, this information is mandatory.

Additional Languages Spoken

ACHOLI  
AFRIKAANS  
 ALBANIAN

Current Medicaid IDs for This Service Location

Add

Medical ID

Office Hours

Day of Week      Closed?      Open From Time - To Time  
Monday       Closed      -      HH:MM followed by AM or PM  
Tuesday       Closed      -      -  
Wednesday       Closed      5:00AM      -      7:00PM

Handicap Accessible? Yes  No   
Accepting New Patients? Yes  No   
Patient Age Min: 0 Max: 112 Years  
Gender Restriction None   
Female Only   
Male Only

Next      Previous      Save and Close      Delete

# Signature and Submission



- The Signature and Submission screens must be completed. The enrollment modification must be electronically signed again by entering Provider Name, Signatory Name, Signatory SSN and current date (must be today's date).

I certify that the information contained herein is true, correct and complete.  
If I become aware that any information in this form is not true, correct or complete,  
I agree to notify the Medicaid Provider Enrollment Unit of this fact immediately.  
I authorize the Medicaid Provider Enrollment Unit to verify the information contained herein.  
I understand that a change in the incorporation of my organization or my status as an individual or group biller may require a new application.

Provider Application Electronic Signature:

Provider Name \* David Tessy  
Signatory Name \* David Tessy  
Signatory SSN \* 11111111  
Date \* 10/21/2009

Required Documentation			
* Indicates Required Documents	Document Name	Download for Submission	Submitted/Signed Documents
*	Cover Sheet	<a href="#">Download</a>	<a href="#">View</a>
*	Disclosure of Ownership and Control Interest	<a href="#">Download</a>	<a href="#">View</a>
*	Medicaid Provider Agreement	<a href="#">Download</a>	<a href="#">View</a>

- The Documentation screen is displayed for information purposes only.

# Provider Maintenance – Full



- Produces a full set of provider enrollment screens with all fields pre-populated with your current provider enrollment data.
- Every time you start a new maintenance application, you will receive a new enrollment case number for that application.
- The Enrollment Case# field shows the application's case number.
  - You will need this number later to perform such actions as continuing or modifying your maintenance application.

Business Information (New Hope Physician Home Care services Inc. Enrolled As: Type 2 - Organization/Marketing as a Group or Facility/ Agency)

Pay To Provider ID: NPI - 187169145 Enrollment Case #: 929300018 Status: NY  Edit this Screen

**Tax ID Type**

FEIN	666666666	Retype FEIN *	6666666666	SSN	8888888888
------	-----------	---------------	------------	-----	------------

Your SSN is displayed but cannot be changed. You may add your FEIN to this application if you wish.

Name  Please check if you need to update the name  
The name shown, New Hope Physician Home Care services Inc., was either extracted from our records or the CMS NPI Registry. This name must match the name on your W-9.

Note: If not already done so, please update the CMS NPI Registry

You must supply Organization Name. You may supply Last Name and First Name.

Organization Name

Or

Last Name   
First Name

\*\*\*\*\*

# Ownership Screens



- You can edit an existing Owner/Board Member by clicking on existing record in Owner/Board Member list.

Ownership / Board (New Hope Physician Home Care services Inc. \_ Maintenance\_Fam) Enumerated As: Type 2 - Organization operating as a Group or Facility  
Pay To Provider ID: NPI - 1871691345 Enrollment Case # : 029300018 Status: NEW  Edit this Screen

**Owners / Board Members**

In accordance with Form CMS-13 - Ownership and Control Interest Statement, list the names of all individuals and organizations having direct or indirect ownership interest, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.  
At least one Owner / Board member record is required.

First Name	Last Name	Address
Maine	Steve	34 Miami Ave Miami, FL 33234

Click on name - info populates into editable fields below

Type:  Owner  Board Member  
First Name: \* Maine Last Name: \* Steve  
FEIN / SSN  
Begin Date (MM/DD/YYYY): \* 10/10/2005 Term Date (MM/DD/YYYY): 11/10/2009  
Address 1: \* 34 Miami Ave Address 2:  
Zip/Postal Code: \* 33234 City: \* MIAMI  
County: \* MIAMI-DADE State Or Province: \* Florida  
Country: \* United States

Has this person ever been sanctioned, excluded or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program (42 CFR 455)?  
 Yes  No

Save Owner/Board Member  Cancel Edit  Delete

**Note:** Once a new owner/board member record is started, all related fields must be completed before moving to other screens.

- For detailed screen information, see the appropriate Provider Enrollment User Guide under Documents on portal.

# Service Location Screens



- ✓ New Service Locations can be added from the Service Location summary screen.
- ✓ A three-digit Service Location number will automatically be added.
- ✓ Existing Service Locations can be terminated from the same Service Location summary screen.

Service Locations(s) (New Hope Physician Home Care Services Inc., Maintenance\_Ram      Enumerated As: Type 2 - Organization operating as a Group or Facility / Agency)

Pay To Provider ID: NPI - 1071691345      Enrollment Case #: 929500018      Status: NEW

Site Name	Service Location #
NPHC-SL1	1071691345-001
NPHC-SL2	1071691345-002
RAMNPHC-SL3	1071691345-003

**Add**   **Edit**   **Terminate**

Click Add or highlight location and click Edit

Click this button to clear the fields and cancel the addition of the information to the table.

# Service Location Screens cont'd



- ✓ Service Location data can be modified by opening the appropriate Service Location folder (from the left navigation pane) and modifying the required field on the Service Location main screen.
  - Some elements may be modified
  - Others may need to be terminated

A screenshot of a computer screen showing the "Service Location" main screen. On the left is a navigation pane with the following items:

- Pay-To Provider(s)
- NPI 1295915098
- Address Information
- Ownership/Board
- Owner Relationships
- Owner Business Qua
- Legal Information
- Service Location(s)
- GAT-GRP
- Rendering Provider(s)
- Additional Terms
- Documentation
- Signature and Submissi
- Summary

The "GAT-GRP" item is highlighted with a blue background. The right side of the screen shows a summary table with columns for "Name", "Address", "City", "State", "Zip", and "Phone". There are two rows of data: one for "GAT-GRP" and one for "Rendering Provider(s)".

# Service Location Screens cont'd



- ✓ The Provider Type and Specialty cannot be modified for an existing enrollment.
  - An existing provider type/specialty can be terminated and new ones added to an existing Service Location record
  - Depending on the additional specialties added, additional questions, licensing and certification information may display

Maine Provider Enrollment

Provider Type & Specialty (New Hope Physician Home Care services Inc.- Maintenance\_Ram / NPHC-SL2)

Pay To Provider ID: NPI 1871691345 Enrollment Case # 9295200018 Status: NEW  Edit this Screen

Specialties

To edit a specialty, select it (single click) from the list below.

Provider Type	Specialty	Derived from Rendering Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)	Level
Advanced Practice Registered Nursing Group		Derived from Rendering Specialty	10/10/2005	10/10/2005	Yes <input checked="" type="radio"/> No <input type="radio"/>

Provider Type & S

NHHC-SL2 Advanced Practice Registered Nursing Group

Programs Facility Information PCCM Information

RAMPHC-SL3 Programs Facility Information PCCM Information

Questions: \* Do you provide laboratory services in your office/facility?

QIA # : CL181923RANSL2 Medicare Cert # : MECCR1124RANSL2

Rendering Provider(s) NP1 1134372506 NP1 1437297854

Provider Type & S Programs PCCM Information

Affiliations Additional Terms Documentation Signature and Submissi Summary

Next Previous Save and Close

# Rendering Provider Screens



- Rendering provider specialty information may also be updated during this process.

Maine Provider Enrollment

Rendering Provider Type & Speciality (New Hope Physician Home Care Services Inc., Maintenance\_Ram / NPI - 1184722596)

Pay To Provider(s) NPI - 1871691345 Enrollment Case # 929580018 Status: NEW Edit this Screen

Specialties

To edit a specialty, select it (single click) from the list below.

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)	Level
Occupational Therapist	OCCUPATIONAL THERAPY	10/10/2005	* 10/10/2005	

Provider Type : Occupational Therapist

Specialty : OCCUPATIONAL THERAPY

License Type : Massachusetts Board of Registration in Medicine

License # : MBRM1023RMRP1

Education :

Medicare Cert # : MEDCERT1020RMRP1

\*\*\*\*\*

Programs

Facility Information

OCCHI Informa

RAITHIC-SL3

Provider Type :

Programs

Facility Information

OCCHI Informa

Rendering Provider(s) NPI - 1184722596

Provider Type :

Programs

Facility Information

OCCHI Informa

NPI - 14372257854

Provider Type :

Programs

Facility Information

OCCHI Informa

NPI - 1164520581

Provider Type :

Programs

Facility Information

OCCHI Informa

Save This Specialty Cancel Edit Terminate

Next Previous Save and Close

- Some changes, such as adding a new service location or rendering provider, will be validated by DHHS staff.



## Save & Close, Submission and Approval

- ✓ During Provider Maintenance-Full, if you must close the application for any reason, click the “Save and Close” button on the lower right side of the screen
  - This feature will save the information entered for a period of 30 days
- ✓ To resume your Provider Maintenance, you will need to access it via the ‘Resume Enrollment’ link from the left menu – Provider Enrollment – on the home page
- ✓ If you use the Provider Maintenance link again, you will receive the following error message:
  - “The provider already has maintenance in progress. You must click ‘Resume Enrollment’ to access this application”
- ✓ Changes requiring validation will be confirmed or denied with a letter
  - A new maintenance session cannot be started until an approval/denial action has occurred for any submission



# Phase II Go-Live Provider Training



# Phase II Go-Live Provider Training

## ***Part I MIHMS Overview (Morning Sessions)***

- ✓ This 2 hour session is targeted to any provider who wants instructor led training about the MIHMS MyHealthPAS on line portal for providers.
- ✓ Content will include the secure/unsecure areas of the portal, trading partner maintenance, file exchange, member eligibility verification, roster creation, prior authorization/referral submission and status review, claim submission, payment status, etc.

# Phase II Go-Live Provider Training



## ***Part I MIHMS Overview (Morning Sessions cont.)***

- ✓ Sample claims will be entered and adjudicated using the Direct Data Entry (DDE) feature of the system and an overview of the transition plan to the new system will be presented.
- ✓ Sessions will be oriented to specific claim types and will offer an opportunity for questions and answers.
- ✓ All sessions will also be available via live-meeting



# Phase II Go-Live Provider Training

## ***Part II Billing (Afternoon Sessions)***

- ✓ This 3 hour instructor led session is targeted to those responsible for MaineCare billing
- ✓ Content will include an overview of
  - billing changes
  - submission options and attachments
  - cost of care
  - co-pay
  - coordination of benefits
  - claims processing turnarounds,
  - reversals and replacements (formerly known as adjustments), review of a Remittance Advice
  - and other payment related items
- ✓ Sessions will be oriented to specific claim types and will offer an opportunity for questions and answers
- ✓ All sessions will also be available via live-meeting

Phase II: Provider Training					
Training Type	DHHS Caribou	MMC Portland	DHHS Augusta	York Community College Wells	MHA Augusta (9:00 AM - 4:00 PM)
1500 (UB/1500)	1/20	1/13	1/14		
Dental		1/8, 2/1, 2/4	2/17	1/19	2/9
EIM			1/29		
Hospital Session				1/26	
UB					1/5, 1/7
UB/1500/Dental Waiver Providers (Section 22)	1/21	1/27	1/21, 1/28	1/12	
Nursing Facility Snow Day		2/17, 2/18		2/10	
					Dates to be Determined
					Dates to be Determined
				2/2	1/11

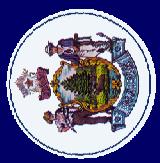
Part 1 MIIHMS Overview: Morning Sessions-9:30 AM to 11:30 AM (except MMC 1/8 10:00 12:00 PM)

Part 2 Billing: Afternoon Sessions-1:00 PM to 4:00 PM

# Training Notification/Registration



- ✓ Provider Forums
- ✓ MIHMS Bulletins
- ✓ Remittance Advice Inserts
- ✓ Posted to the MIHMS portal
- ✓ Registration Options:
  - Visit
    - [http://www.maine.gov/dhhs/oms/providerfiles/provider\\_training.html](http://www.maine.gov/dhhs/oms/providerfiles/provider_training.html) to register electronically.
    - Fax your completed Registration Form to (207) 287-8450,  
Attention: Customer Service Training Registration.
    - Complete a Registration Form and mail to:  
MaineCare, Customer Service  
MIHMS Phase 2 Provider Training  
11 State House Station  
Augusta, ME 04333-0011
  - ✓ Call (207) 287-5336



# Billing Instruction Overview

# Billing Instructions



- ✓ Billing manuals are in final review and will be posted to the MIHMS portal shortly
  - Provide necessary information about how to bill with MIHMS
- ✓ In addition to the implementation of MIHMS, a series of related business initiative projects are also underway or completed. The business initiatives include:
  - Achieving HIPAA compliance
    - Eliminating the use of local codes
    - Provider re-enrollment with use of the NPI
  - Examination of options for more consistent and useful pricing structures for long-term care facilities
  - Design of member benefit packages
- ✓ Current providers may also have to "undo" workarounds put in place for billing MeCMS

# MIHIVS Billing



- ✓ For Dates of Service starting with Go-Live on 3/1/2010
- ✓ Billing is more aligned with Medicare /Commercial carriers
  - Dental: ADA 2006
    - No Modifiers
    - CMS1500
      - Multiple NDC codes are supported
      - Box 24C: EMG
        - Use a "Y" to by pass co-pay when appropriate
        - Use a "Y" if Prior Authorization is normally required for a service that was provided in an emergency situation

# MIHIVS Billing



- CMS1500 (cont.)
  - Hospital based physician practices and outpatient services and are billed using the CMS1500 in a manner that mirrors Medicare billing
    - Possible Requirement(s):
      - Only 1 rendering provider allowed per claim form
- UB04
  - Multiple NDC codes are supported
  - RUG Codes required for nursing facility billing
  - Revenue Codes should include appropriate HCPCS/CPT Codes

# Universal Billing Changes by Form



Item	ADA 2006	CMS1500	UB04
NPI (Pay To)	Box 49	Box 33A	FL 56
API (Pay To)	N/A	Box 33B	FL 56
Service Location ID (NPI/API+3)	Box 35: Remarks (Left Justified)	Box 32A	FL 02
Additional Insurance Coverage	Box 4 through 11	Box 11D: (9, 9a-9d	FL58-FL62
Patient Account #/Control #	Box 23	Box 26	FL 03a
Reversal/Replacement	Box 35: Remarks (Right Justified)	Box 22: Medicaid resubmission code/original ref. No.	Enter a 7/8 as the third digit in FL 4; Original claim ID in FL 64



# MeCAMS Workarounds Eliminated

- ✓ MIHMS will process Crossover claims from Medicare
- ✓ MIHMS can process Medicaid as secondary for any primary insurance carrier
- ✓ MIHMS claims will no longer have a line limit
- ✓ MIHMS claims will no longer have a \$99,999.00 limit
- ✓ Providers should report non-covered items for claims submitted to MIHMS
- ✓ MIHMS will appropriately take cost of care for “days awaiting placement”
- ✓ MIHMS does not require the roll up of the same Revenue Code on the same day of service
- ✓ Many pricing workarounds will be eliminated with the use of contracts in MIHMS
  - More specifics to come



## Questions

**Do you have any questions?**

**Thank You!**



**Thank you for your participation!**

**Next Forum will be:**  
**January 11, 2010**  
**1pm in Florian Hall**

## Related Links



- ✓ For a copy of this presentation and Other Fiscal Agent Updates: [http://www.maine.gov/bms/member/innerthird/fiscal\\_agent.html](http://www.maine.gov/bms/member/innerthird/fiscal_agent.html)
- ✓ MaineCare's Listserv to Receive Provider Updates: <http://www.maine.gov/dhhs/bms/member/innettthird/listserv.shtml>
- ✓ Invitations to our monthly MIHMS Provider Forums: Please send your name, contact e-mail, and provider name to [MaineCare2010.DHHS@maine.gov](mailto:MaineCare2010.DHHS@maine.gov)
- ✓ If you have other questions or suggestions, please send them to [MaineCare2010.DHHS@maine.gov](mailto:MaineCare2010.DHHS@maine.gov)